	CLASSI	For use of this form, see AR							
NAME (Last, first, MI)				GRADE SERVICE NUMB			R		
DATE OF BIRTH		NATIONALITY	DOWED SERVE	:D		DATE OF CAPTU	DE		
DATE OF BIRTH		NATIONALITY	POWER SERVE	POWER SERVED		DATE OF CAPTURE			
LENGTH OF MILITARY SEI	RVICE	RELIGION			INTERNMENT SERIAL NUMBER				
EDUCATION (Check highes	t school attended)			LANC	GUAGES	EXCELLENT	GOOD	FAIR	
PRIMARY SCHOO	DL	☐ HIGH SCHOOL							
UNIVERSITY OR	COLLEGE								
		PRINCIPAL ASSIGNI	MENTS IN MILI	TARY S	ERVICE				
STATION		LOCATION		SPECIFIC MEDICAL DU			JTIES	TIME (Months)	
DOCUMENTARY EVIDENC	\E	VERIFICATION DATE VERIFIED			VENERA				
		DATE VENIFIED		VERIFIED:					
☐ IDENTITY CARD				☐ EPW PROCESSING CO ☐ CAMP COMMANDER					
NONE					☐ AREA COMMANDER				
		MEDICAL ASSIG	NMENTS SINC	E CAPT	URE				
STATION		LOCATION		SPECIFIC ASSIGNMENTS					
PRESENT MEDICAL ASSIGNMENT				MEDICAL CLASSIFICATION					
REMARKS									
DATE NAME (Typed or Printed)					SIGNATURE				
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